PROPOSAL REQUEST

DT1633 99 (Replaces EC496)

DATE OF LETTING	

Mail To: Wisconsin Department of Transportation

Division of Transportation Infrastructure Development

Bureau of Highway Construction 4802 Sheboygan Ave., Room 601

P.O. Box 7916

Madison, WI 53707-7916

All bidding proposals MUST, and plans and sample proposals MAY, be requested on this form. Requests for bidding proposals shall be on file with the Bureau of Highway Construction NO LATER THAN 11:45 A.M. of the LAST BUSINESS DAY PRECEEDING THE LETTING.

The undersigned requests bidding proposals, sample proposals, and plans as follows:

Use a separate line	tor each propo	osai.					
	NUMBER						
	BIDDING	SAMPLE	1			FOR DOT	
PROPOSAL NUMBER	PROPOSALS	PROPOSALS	PLANS	PLAN COST	COST EXTENSION	USE ONLY	
- NOI COME NOMBER	I NOI JUALO	. NOI JUALO	1 1/1110	1 1.711 0001	JOST EXTENSION	OOL OIVET	
Enclosed is a check for	or \$	_ in payment fo	r plans in	accordance with the ac	dvertised cost.		
COMPLETE REVERSE SIDE WHETHER OR NOT YOU HAVE ANY WORK UNDER CONTRACT.							
Firm Name							
Street Address							
23017.1001							
City, State, Zip Code							
(Area Code) Telephone Number (Area Code) FAX Number							
(Alda oc				Tod Godo, 1700 Number			
		Do not	write he	low this line			
Do not write below this line. Cash / Check Received Cost of Plans Amount Due Date / Person							
Cash / Check Received Cost of Plans Amount Due Date / Person							

The dollar amount of ALL incomplete work under supervision of the Bureau of Highway Construction and the dollar amount of ALL other incomplete work IN or OUT of the State of Wisconsin, according to the engineer's, architect's or owner's latest estimate, now under contract is as follows:

NOTE: If you have no incomplete work, write "NONE" below.

CONTRACT WITH	LOCATION(S)	TOTAL CONTRACT DOLLAR AMOUNT	* THIS FIRM'S CONTRACT DOLLAR AMOUNT INCOMPLETE			
TOTAL INCOMPLETE:						
* Amount includes only the	hat work for which you are	responsible with your ow	n crews and equipment.			
If any of the above listed incomplete work is not under the direct supervision of the Bureau of Highway Construction, the following must be executed:						
I, the undersigned authorized representative of the firm identified on this form, being duly sworn declares that the above statements of incomplete work are within my knowledge and are true, accurate, and complete.						
the above statements of t	moomplete work are within	my knowledge and are a	de, adodiate, and complete.			
			(Date)			
		State of Wisconsin)) ss. County)			
		Subscribed and sworn to	Subscribed and sworn to before me on the above date.			

Photocopies of this form are acceptable or you may obtain additional copies from the Bureau of Highway Construction.

(Signature, Notary Public, State of Wisconsin)

(Print or Type Name, Notary Public, State of Wisconsin)

(Date Commission Expires)

(Signature, Authorized Representative of Firm)

(Print or Type Name, Authorized Representative)

(Title, Aurhorized Representative)